

From: Brad Madrid [brad.madrid@pharmsmgmt.com]
Sent: 11/12/2015 3:29:15 PM
To: incechris@hotmail.com
CC: Brian Swiensinski [brianski9966@gmail.com]
Subject: New Products for your patients
Attachments: 2789_001.pdf

Dr. Ince,

I hope you're doing well.

Attached you will find a prescription with our alternative products that are now covered by these certain patient's insurance plan. If you would like this patient to receive their medication, please sign and send the script and fax back to 855-325-3500.

Thank You
Brad

Brad Madrid
Marketing Director
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



From: scanner@omniplushealthcare.com [mailto:scanner@omniplushealthcare.com]
Sent: Wednesday, November 11, 2015 6:00 PM
To: Brad Madrid
Subject: Attached Image

GX1090.001

GOVERNMENT
EXHIBIT
1090
4:18-CR-368

DOJ-SMUBSSB-0000064836

Alternative

Insurance info

Patient Asulim Neal		DOB [REDACTED]	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag: 689.4			

Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

General Wellness

☒ Wellness Pack

Strength: Omega-3 1gm

Vitamin D3 1,000 IU

SIG: Take 2 capsules of Omega-3 and
1 capsule Vitamin D3 twice daily

Omega-3 Qty: 120 capsules

Vitamin D3 Qty: 60 capsules

Refills: 5 11 12☐ Other

Prescriber Name: CHRISTOPHER INUE MD		NPI #: 1780709493	
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax #: 817 472 2182
Address: 1001 12th Ave Ste 170 Fort Worth, TX 76104			
Signature (Note: Manual Signature Required for CS):			Date:

OP_General-Wellness_script_pad_v1

PATIENT Ashley Neal		DOB [REDACTED]	LAST 4 DIGITS OF SSN [REDACTED]
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag. 689.4			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐
Refills: 3 6 12

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐
Refills: 3 6 12

☐ **GPI-2B:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐
Refills: 3 6 12

COMBINATION- PAIN☒ **FDA-1****(Combination Pain)**

☒ Lidocaine USP Ointment 5%
SIG: Apply to affected area 4 times daily as directed

Qty: 250 gm
Refills: 3 6 12

☒ Diclofenac Sodium 1.5%
SIG: Apply to affected area twice daily as directed

Qty: 150 gm
Refills: 3 6 12

☒ **Renovo Pain Patch & Cream**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed

Qty: ☐ 30 count ☒ 60 count ☐
Refills: 3 6 12

Lidocaine USP Ointment 5%**SIG:** Apply to affected area 2-4 times daily as directed

Qty: 150 gm
Refills: 3 6 12

PAIN-TRANSDERMAL☐ **Reme-D**

Topiramate 2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐
Refills: 3 6 12

☒ **Camphomex**
Topical Spray

Menthol 10%
 Camphor 4%
 Histamine 0.025%

SIG: Apply 1-2 sprays, 3-4 times per day
PRN pain
Qty: 240 gm
Refills: 3 6 12

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐
Refills: 3 6 12

☒ **SDS Pak/ SilaPak**
(scar topical)

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Skin Repair Complex (Dimethicone) 5%
 Silicone Tape

SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.

Qty: 1 pack **Refills:** 3 6 12

☐ **For painful scars, add:**

FDA-Lidocaine 5%
SIG: Apply to affected area 4 times daily as directed

Qty: 250 gm **Refills:** 3 6 12

WOUND CARE☒ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate Wash 4% 237 ml
 Mupirocin 2% 22 ml
 Skin Repair Complex (Dimethicone) 5% 118 ml
 Silicone tape

SIG: Step 1: Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.

Step 2: Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.

Step 3: Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning. Follow package direction.

Qty: 1 pack **Refills:** 3 6 12

Description: Dermacin Rx Surgical PharmaPak is a pre-operative wash and is clinically proven to reduce the incidence of acquired infection due to Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant

GENERAL WELLNESS☐ **Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12

SB-2: Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12

METABOLIC SUPPLEMENTS**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidophilus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules **Refills:** 3 6 12

BONE HEALTH☐ **BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12

BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12

MIGRAINE☒ **Vanatol LQ**
(migraine syrup)

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg

Per 15 ml

SIG: 1-2 tablespoons every four hours; Max 6 tablespoons per 24 hours

1 tablespoon = 15 ml

Qty: ☐ 3 fl oz ☒ 48 fl oz

Refills: 3 6 12

☐ **Other**

Prescriber Name: CHRISTOPHER INCE MD		NPI #: 1780709493
Lic. #:	DEA #:	Phone #: 817 328 1010 Fax #: 817 472-2188
Address: 1001 12th Ave Ste 170 Fort Worth, TX 76104		
Signature (Note: Manual Signature Required for CS):		Date:

OP_Script_Pad_November_2015_v13

PATIENT	DOB	LAST 4 DIGITS OF SSN
Alexis MADRID		
Home Phone	Cell Phone	
713-371-8122		
Address		
4509 EMERSON AVE		
City	State	Zip
Dallas	TX	75205
Allergies		
NKDA		
Diag. NKHC		

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No

PAIN-TRANSDERMAL

Any added controlled substances must be handwritten.

☐ **NCP-7B:****Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **NCP-9:****Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☐ **GPI-2B:****General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:
SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

COMBINATION - PAIN☒ **FDA-1****(Combination Pain)**

☒ Lidocaine USP Ointment 5%
SIG: Apply to affected area 4 times daily as directed

Qty: 250 gm
Refills: 3 6 12 _____
☒ Diclofenac Sodium 1.5%
SIG: Apply to affected area twice daily as directed
Qty: 150 gm
Refills: 3 6 12 _____

☒ **Renovo Pain Patch & Cream**

Menthol 5%
 Capsaicin 0.0375%

SIG: Apply 1 patch to affected area 1-2 times daily as needed
Qty: ☐ 30 count ☒ 60 count ☐ _____
Refills: 3 6 12 _____
☒ Lidocaine USP Ointment 5%
SIG: Apply to affected area 2-4 times daily as directed
Qty: 150 gm
Refills: 3 6 12 _____

PAIN-TRANSDERMAL☐ **Reme-D**

Topiramate 2.5%
 Celecoxib 2%
 Gabapentin 5%
 Lidocaine 2%
 Duloxetine 1.2%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☒ **Camphomex**
Topical Spray

Menthol 10%
 Camphor 4%
 Histamine 0.025%

SIG: Apply 1-2 sprays, 3-4 times per day
PRN pain
Qty: 240 gm
Refills: 3 6 12 _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%

☐ **For painful scars, add:**

Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**

Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm
Qty: ☐ 300 gm ☐ _____
Refills: 3 6 12 _____

☒ **SDS Pak/ SilaPak**
(scar topical)

Triamcinolone Acetonide Cream USP, 80 gm 0.1%
 Skin Repair Complex (Dimethicone) 5%
 Silicone Tape

SIG: Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.

Qty: 1 pack **Refills:** 3 6 12 _____
☐ **For painful scars, add:**
FDA-L: Lidocaine 5%
SIG: Apply to affected area 4 times daily as directed
Qty: 250 gm **Refills:** 3 6 12 _____

WOUND CARE☒ **Dermacin Rx Surgical PharmaPak**

Chlorhexidine Gluconate Wash 4% 237 ml
 Mupirocin 2% 22 ml
 Skin Repair Complex (Dimethicone) 5% 118 ml
 Silicone tape

SIG: Step 1: Wash with Chlorhexidine liquid the night prior to, and the morning of the procedure as directed.

Step 2: Apply Mupirocin ointment to the wound site post-op three times daily for 3-5 days or as directed.

Step 3: Once wound has healed, apply Skin Repair Complex up to 4 times daily or as directed. Apply Silicone tape at night before bed and remove in morning. Follow package direction.

Qty: 1 pack **Refills:** 3 6 12 _____
Description: Dermacin Rx Surgical PharmaPak is a pre-operative wash and is clinically proven to reduce the incidence of acquired infection due to Methicillin - Resistant Staphylococcus - Aureus (MRSA) and Vancomycin - Resistant

GENERAL WELLNESS☐ **Super-SB: General Wellness**

SB-1: 5-MTHF 500 mcg
 Alpha Lipoic Acid 250 mg
 Coenzyme Q10 100 mg
 Methylcobalamin 20 mg
 EGCG 50 mg
 Vitamin E 100 mg
 Glutathione 100 mg

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12 _____

SB-2: Resveratrol Powder 100 mg
 Pyridoxal-5-Phosphate 25 mg
 Beta Carotene 2,500 IU

SIG: Take 1 capsule by mouth twice daily
Qty: 60 capsules **Refills:** 3 6 12 _____

METABOLIC SUPPLEMENTS**DIET SUPPLEMENT**☐ **ADP-6**

Methylcobalamin 20 mg
 Coenzyme Q10 75 mg
 5-HTP 100 mg
 Acidephalus 100 mg
 Bupropion 50 mg
 Psyllium Husk 100 mg

SIG: Take 1 capsule in the morning as directed
Qty: 30 capsules **Refills:** 3 6 12 _____

BONE HEALTH☐ **BH: Bone Health**

BH-1: Vitamin D3 5,000 IU
 Magnesium Oxide 200 mg
 Zinc Gluconate 69.6 mg
 Copper Gluconate 7.14 mg
 Boron 1 mg
 Betaine Anhydrous 25 mg
 Pyridoxal-5-Phosphate 70 mg
 Boswellia Serrata 200 mg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____

BH-2: Resveratrol 20 mg
 Calcium Gluconate 500 mg
 Coenzyme Q10 100 mg
 5-Methyltetrahydrofolate 500 mcg

SIG: Take 1 capsule by mouth once daily
Qty: 30 capsules **Refills:** 3 6 12 _____

MIGRAINE☒ **Vanatol LQ**
(migraine syrup)

Butalbital 50 mg
 Acetaminophen 325 mg
 Caffeine 40 mg

Per 15 ml

SIG: 1-2 tablespoons every four hours; Max 6 tablespoons per 24 hours

1 tablespoon = 15 ml

Qty: ☐ 32 fl oz ☒ 6 fl oz
Refills: 3 6 12 _____

☐ **Other**

Prescriber Name:

CHRISTOPHER INCE MD

NPI #:

1780709493

Lic. #:

DEA#:

Phone #:

817 328 1010

Fax#:

817 472 2188

Address:

1001 12th AVE STE 170

FORT WORTH, TX 76104

Signature (Note: Manual Signature Required for CS):

Date:

CP_Script_Pad_November_2015_v13

Alternative

Insurance info

Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

Patient Alexis MADRID		DOB [REDACTED]	
Home Phone 713-371-8122	Cell Phone		
Address 4509 EMERSON AVE			
City Dallas	State TX	Zip 75205	
Allergies NKDA			
Diag. NKHC			

General Wellness

☒ Wellness Pack

Strength: Omega-3 1gm

Vitamin D3 1,000 IU

SIG: Take 2 capsules of Omega-3 and
1 capsule Vitamin D3 twice daily

Omega-3 Qty: 120 capsules

Vitamin D3 Qty: 60 capsules

Refills: 5 11 12☐ Other

Prescriber Name: CHRISTOPHER INCIS MD		NPI #: 1780709493	
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#: 817 472 2108
Address: 1001 12th Ave Ste 170 Fort Worth, TX 76104			
Signature (Note: Manual Signature Required for CS):			Date:

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